



Cal E-M-A
CALIFORNIA EMERGENCY
MANAGEMENT AGENCY

May 25, 2010

Steve Cooley
District Attorney
Los Angeles County District Attorney's Office
210 W. Temple Street, Suite 18-709
Los Angeles, CA 90012

Subject: Site Visit – Vertical Prosecution (VB) Program–Grant Award #
VB08060190/Comprised of 08VPOO-\$722,689., 08LSPA-\$279,816, and
09LSPA-\$1,193,900.

Dear Mr. Cooley:

I would like to take the opportunity to thank you and your staff for the courtesy extended to me during the site visit conducted on April 14, 2010, at the County of Los Angeles District Attorney's Office. Enclosed, you will find a Performance Site Visit Report for your VB08060190 award.

As a reminder, site visits are an opportunity to assist projects in the achievement of their goals and objectives and administering their grant funds in the most effective and efficient manner. As a Program Specialist, I am available to assist you with any questions regarding the grant program. Please do not hesitate to contact me at (916) 324-9150, if I can be of any additional assistance to you in the future.

Sincerely,

Roman Alvarez
Criminal Justice Specialist
Public Safety and Victim Services Division

Enclosure

cc: Emily Aidells, Los Angeles County District Attorney's Office
VB08060190 Program Main File

5/25/10 mailed

1. Original to Steve Cooley
2. Copy to Emily Aidells
3. EEO Docs to LISA Adila

4. COPY TO HQ MAIN FILE

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

1. GRANT AWARD NUMBER: VB08060190 DATE OF SITE VISIT: April 14, 2010
08VP00-\$722,689, 08LSPA-\$279,816 & 09LSPA-\$1,193,900.
2. GRANT PERIOD:
July 1, 2008 to June 30, 2010
3. RECIPIENT/IMPLEMENTING AGENCY:
County of Los Angeles/Los Angeles County District Attorney's Office
4. PROJECT DIRECTOR:
District Attorney Steve Cooley

PERSONS INTERVIEWED DURING SITE VISIT:

NAME

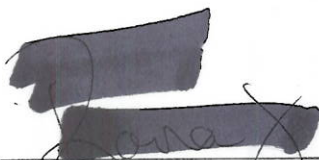
Josheph P. Esposito
Michael Gargiulo
Robin Allen
Kimberly J Leong
Susy Orellana
Emily Aidelis

TITLE

Head Deputy Major Narco
Deputy in Charge
Deputy District Attorney
Special Assistant
Grants Section Head
Administrative Assistant III

AGENCY

Los Angeles County District Attorney
Los Angeles County District Attorney
Los Angeles County District Attorney
Los Angeles County Bureau of Management
Los Angeles County Bureau of Management
Los Angeles County Bureau of Management


Signature of Program Specialist


Signature of Section Chief

5/28/10
Date

5/25/10
Date

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

A. ADMINISTRATIVE REVIEW

	YES OPERATIONAL	NO	N/A
DOCUMENTS			
Review hard copy/verify the ability to access on line:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The Cal EMA Recipient Handbook (R.H.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The Approved Grant Award Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The RFA/RFP (supersedes the requirement of the R.H.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The Program Guidelines (supersedes the requirement of the R.H.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is the project familiar with Office of Management and Budget, OMB Circulars which govern your organization? Circulars may be found at www.whitehouse.gov/omb/circulars .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: The program showed that they were aware of the above guidelines and their requirements of each document.

1. FIDELTY BOND - COMMUNITY BASED ORGANIZATION (CBO) & AMERICAN INDIAN ORGANIZATIONS ONLY

• Obtain copy of required CBO bonding? [R.H. Section 2161] Does <u>not</u> apply to state, city, or county units of government.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Does the bond show:			
o Bonding company name	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Bond number	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Description of coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Amount of coverage (50% of allocation)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Bond period	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Grant award number	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Bond include Form A (Employee Dishonesty) and Form B (Forgery Coverage)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Is Cal EMA named on the bond as the beneficiary?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments: N/A

2. ORGANIZATIONAL CHART

• Review the organizational chart. Are all budgeted positions identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: The program was prepared to provide an updated copy of their programs organizational chart.

3. Cal EMA MODIFICATION (Cal EMA 2-223)

• Review the purpose/preparation of Grant Award Modification (Cal EMA 2-223). [R. H. Section 7500] (Instruct the project staff on the procedure to obtain the most recent forms from Cal EMA website.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A modification is needed for the following:			
o Budget changes			
o Change in key personnel			
o Adding/changing additional signers			
o Change goals/objectives, or activities			
o Address change			
o Other			

Comments: The program had recently submitted a Modification for budget changes. The modification was reviewed and the Cal EMA process was explained. The program appeared to have a good working knowledge of the requirements for modifications.

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

A. ADMINISTRATIVE REVIEW (Continued)

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
4. <u>PERSONNEL POLICIES</u>			
• Does the project staff have access to written personnel policies as required? [R. H. Section 2130]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Do policies include:			
o Maintenance of personnel files for all paid and volunteer staff including job applications, salaries, benefits, and current job duties/descriptions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o A current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o Work hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o Compensation rates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o Overtime	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Did the Board approve the agency's current personnel policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: The program was prepared to provide Cal EMA staff with copies of their Personnel Policies and confirmed that all policies are available for employee review on the Los Angeles County website and through the Department Intranet. Additional the program informed me that each employee is given a EEO packet at the time of their hire.

5. FUNCTIONAL TIMESHEETS

• Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? [R. H. Section 11331]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are timesheets (paid staff & volunteer) signed by staff & approved by supervisor? (Review timesheets to ensure they are signed by the staff and supervisor)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: It was brought to the attention of the programs staff that the programs functional timesheets, should specify in detail what funding source that the Grant Personnel are working and are being paid from.

6. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER

• Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o Name of individual who approves purchases. Norbert Ruiz, Chief Budget & Fiscal Services Division			
o Name of individual who writes checks. Lynn Vodden, Director of Bureau of Management & Budget			
o Name of individual(s) who signs checks. Norbert Ruiz & Corina Calixto-Fiscal Officer I			

Comments: None

7. SOURCE DOCUMENTATION-Fiscal [R. H. Section 11000]

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
• Does the project maintain a record-keeping system which will accurately support costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does the project maintain an accurate inventory log of equipment purchased with grant funds?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments: The program informed Cal EMA staff that the grant funds are not designated to purchase equipment and no equipment has been purchased with Grant funding. All other documentation is copied, scanned & digitally archived.

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

8. PROJECT EXPENDITURES

- Is the project's expenditure rate commensurate with the elapsed period of the grant? ☒ ☐ ☐
- Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement? ☒ ☐ ☐
- Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)? ☒ ☐ ☐
- Is the project up-to-date with the submission of Cal EMA Form 2-201? ☒ ☐ ☐

Comments: Cal EMA staff provided the programs staff a current Cal EMA Budget Summary Report and a Cal EMA Ledger Report, which reflected the programs current balance, and paid 201's. Currently and past history reflects the program to be in compliance with the submittal of 201's and Modifications. The program requested an update on payment information for billing period October 1, 2009 to December 31, 2009.

9. MATCH REQUIREMENTS

- Does the project have a match requirement? ☐ ☐ ☒
- Is the project meeting the match requirement? ☐ ☐ ☒
- Review the supporting documentation to substantiate cash or in-kind match. ☐ ☐ ☒

Comments: N/A

10. EEO POLICY

- Review and complete EEO checklist. (Separate document) ☒ ☐ ☐

Comments: The program will provide copies of the required EEO Policies and were forwarded to Cal EMA EEO Department for review.

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

B. PROGRAMMATIC REVIEW

GENERAL	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. <u>PROGRAM GOALS AND OBJECTIVES</u>			
• Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the project meeting the program goals and objectives?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does the project staff need to submit Cal EMA Form 2-223 to modify their grant objectives?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: The program at this time does not anticipate submitting a modification to change the programs goals or objectives, but may consider in the future to eliminate the Career Criminal component and allocate all funding resources to the Child Abuse component.

2. PROGRESS REPORT

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| • Discuss and review the programmatic Progress Report requirements. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments: Cal EMA staff reviewed the programs most recent Progress Report and requested that additional Narrative information be provided that highlights the success or challenges that the program is experiencing in prosecuting their cases.

3. SOURCE DOCUMENTATION-Programmatic

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| • Is the project maintaining a record keeping and data collection process that will accurately support the project's reported data on the Progress Report form? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Review the project's file system and data collection process. | | | |

Comments: The program informed Cal EMA staff that the Contra Costa County anticipates having a new Case Management System, installed as of June 2010, which will allow for a automated system of record keeping. Currently, the program is keeping manual written documents, and computer generated spread sheets to document project data.

4. OPERATIONAL AGREEMENTS

- | | | | |
|--|--------------------------|-------------------------------------|--------------------------|
| • Does the project have current Operational Agreements as required by the Grant Award Agreement? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|-------------------------------------|--------------------------|

Comments: The program informed Cal EMA staff that at this time the Vertical Prosecution program has no MOU's/OA's with any outside agencies. It was suggested by Cal EMA staff that MOU's/OA's should be considered in order to maintain a positive working relationship with allied agencies.

5. PROJECT STAFF DUTIES

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| • Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments: It is apparent that the staff of the Contra Costa County Vertical Prosecution are committed and knowledgeable with the success and commitment shown by the interviewed staff.

C. ADDITIONAL COMMENTS:

NOTES:


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graph TD; DA[Steve Cooley  
District Attorney] --- CDD[John Spillane  
Chief Deputy D.A.]; DA --- CH[Richard Doyle  
Director  
Bureau of Specialized Prosecution]; DA --- CM[Janice Maurizi  
Director  
Bureau of Fraud and Corruption]; CDD --- CHAZ[Curt Hazell  
Assistant District Attorney]; CDD --- CSS[Susan Steinfeld  
Special Assistant D.A.]; CM --- MGC[Michael Gargiulo  
Deputy in Charge  
Elder Abuse Vertical Prosecution Unit]; CM --- RAK[Robin Allen, DDA III  
Daniel Kinney, DDA III];
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Steve Cooley
District Attorney

John Spillane
Chief Deputy D.A.

Curt Hazell
Assistant District Attorney

Susan Steinfeld
Special Assistant D.A.

Richard Doyle
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Bureau of Specialized Prosecution

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Robin Allen, DDA III
Daniel Kinney, DDA III

Joseph Esposito
Head Deputy
Major Narcotics Division

Steve Belis, DDA III
John Harlan, DDA III
Karen Nishita, DDA III
Michelle Pincus, DDA III

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California Emergency Management Agency

EEO CHECKLIST - B

**For Federally Funded CBOs and All State Funded Recipients
(Monitoring/Site Visits)**

RECIPIENTS:	<u>COUNTY OF LOS ANGELES</u>
IMPLEMENTING AGENCY:	<u>LOS ANGELES COUNTY DISTRICT ATTORNEY</u>
GRANT#:	<u>VB08060190</u>
FEDERAL \$:	<u>\$0</u>
STATE \$:	<u>\$2,196,405</u>
CONTACT PERSON AT SITE:	<u>SUSANNA ORELLANA-CURTISS</u>
PHONE #:	<u>(213) 202-7654</u>
EMAIL ADDRESS:	<u>sorellana@da.lacounty.gov</u>

State funded recipients, Community Based Organizations (CBOs), Indian Tribes and Educational/Medical Institutions are exempt from the U.S. Department of Justice requirement of developing an EEOP. CBOs however are monitored by the U.S. Department of Health and Human Services in EEO compliance matters.

All California Emergency Management Agency (CalEMA) recipients, regardless of the type of entity or the amount awarded, are subject to the prohibitions against discrimination in any program or activity and may be required by CalEMA or the U.S. Department of Justice, through selected compliance reviews, to submit data to ensure their services are delivered in an equitable manner to all segments of the service population and their employment practices comply with civil rights requirements.

The following is to assure that CalEMA recipients receiving State and Federal financial assistance are in compliance with civil rights requirements. Please verify that the following EEO documents are available at the site/monitoring visit. If they are not available, please note on this checklist and forward to the EEO Office.

- ☐ 1. **EEO POLICY** - A current Equal Employment Opportunity Policy Statement. The statement should specifically state that the agency is an equal opportunity employer and does not discriminate on the basis of race, color, religious creed, ancestry, national origin, age, sex (including pregnancy, childbirth or related medical conditions), marital status, sexual orientation (heterosexuality, homosexuality and bisexuality), medical condition (cancer and genetic characteristics), or disability (medical and physical, including HIV and AIDS), and denial of family medical care leave and pregnancy leave. Additionally, this policy must also apply to deliveries of services to clients and volunteers. This policy must be posted in a prominent place accessible to employees, applicants and clients.

YES X (Request a copy of the policy and indicate if has been issued to staff.)
Please refer to submitted EEO Checklist-B packet.

NO _____ (Provide attachment 1B)

- ☐ 2. **SEXUAL HARASSMENT POLICY** - A current policy specifically stating all employees have a right to work in an environment free from all forms of discrimination, including sexual harassment, retaliation and hostile work environment.

YES X (Request a copy of the policy) NO _____ (Provide attachment 2B)
Please refer to submitted EEO Checklist-B packet.

- ☐ 3. **DISCRIMINATION COMPLAINT PROCEDURE** - Has the recipient adopted a discrimination complaint procedure for filing complaints, both for their employees, volunteers and clients?

YES X (Request a copy of the procedure) NO _____ (Provide attachment 3B)
Please refer to submitted EEO Checklist-B packet.

- ☐ 4. **NONDISCRIMINATION POSTER** - The CA Department of Fair Employment and Housing (DFEH) poster entitled "Harassment or Discrimination in Employment is Prohibited by Law" must be posted in a conspicuous location accessible to employees and applicants for employment.

YES X NO _____ (Provide attachment 4A)
Please refer to submitted EEO Checklist-B packet.

- ☐ 5. **PUBLICATIONS** - Does the recruitment materials or publications include a policy statement of nondiscrimination for participants, beneficiaries, applicants, or employees?

YES X (Request a copy of the document) NO _____
Please refer to submitted EEO Checklist-B packet.

- ☐ 6. **COORDINATOR** - Has the recipient identified a person responsible for coordinating complaints?

NAME: Julie Dixon Silva

TITLE: Chief, Employee Relations Division

PHONE#: (213) 202-7705

EMAIL: jdsilva@da.lacounty.gov

- ☐ 7. **FINDINGS OF DISCRIMINATION** - Has the agency had any findings of discrimination issued in the last five years by the Agency, Federal/State Court, or Federal/State administrative agency (i.e. Equal Employment Opportunity Commission (EEOC), California Department of Fair Employment and Housing (DFEH), etc.).

YES X NO _____

- ☐ 8. **ALLEGATIONS OF DISCRIMINATION** – Has the agency been made aware of any current allegations of discrimination within the (last 2 years) originating from an employee, volunteer or client?

YES X

NO

- ☐ 9. **DISSEMINATION of the Equal Employee Opportunity Plan and the Equal Employment Opportunity Policy** - A plan to disseminate the EEO Plan and the EEO Policy to all employees, volunteers, clients and to the general public.

YES X

(Request a copy)

NO

(provide attachment 10A)

Please refer to submitted EEO Checklist-B packet.

- ☐ 10. **LIMITED ENGLISH PROFICIENCY (LEP)*** – Has the recipient taken reasonable steps to ensure meaningful access to their programs, services, and information on the services the recipient provides, free of charge? Additionally, has the recipient established and implemented policies and procedures for language assistance services that provide LEP persons with meaningful access, i.e. oral interpretation services, bilingual staff, telephone interpreter lines, written language services, community volunteers, etc.

YES X

(Request a copy)

NO

(provide attachment 11A)

Please refer to submitted EEO Checklist-B packet.

*Persons who do not speak English as their primary language and who have limited ability to read, speak, write, or understand English can be limited English proficient (LEP).

PROGRAM SPECIALIST NAME: ROMAN ALVAREZ

DATE: 5/25/10

NONE:

(1/2/09)